### FOR INSTRUCTIONS, SEE BACK OF FORM

# DISCLOSURE SUMMARY PAGE

File with: lowa Ethics and Campaign Disclosure Board 510 E. 12<sup>th</sup>, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

JA ETHICS AND

2011 JAN 18 PM 3: 48

COMMITTEE NAME (Must be same as on Statement of Organization)	176
GRACE FOR SUPERVISOR	FORM
IMPORTANT: Indicate by # type of committee you are reporting for:  (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party  (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Candidate (10) City PAC (10) School Board or Other Political Candidate (10) City PAC (10) School Board or Other Political Candidate (10) City PAC (10) School Board or Other Political Candidate (10) City PAC (10) School Board or Other Political Candidate (10) City PAC (10) School Board or Other Political Candidate (10) City PAC (10) School Board or Other Political Candidate (10) City PAC (10) School Board or Other Political Candidate (10) City PAC (10) School Board or Other Political Candidate (10) City PAC (10) School Board or Other Political Candidate (10) City PAC	DR-2 (Rev. 12/2009) DISCLOSURE REPORT For Office Use Only
(11) Essai Ballot issue	Comm. # 7H   3
CANDIDATE COMMITTEES ONLY:  Candidate Name  MARVIN W. GRACE  Office Sought  COUNTY SUPERVISOR  Political Party (if applicable)  DEMOCRAT  District (if Senate or House)	Logged In Scanned SCOMPUTER Audited
Late reports are subject to possible civil and criminal possible.	nd 68A 401(3) the candidate for a
SIGNATURE OF PERSON FILING REPORT  515-989-0684  TELEPHONE	DATE SIGNED
I AM FILING A JAN 197 2011 REPORT FOR (1) ELECTION /(2)NO	ON ELECTION VEAD
(report date) Indicate by # /	ON-ELECTION YEAR.
CHECK IF AMENDMENT TO REPORT DATED	
Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  (You must continue to file reports until a DR-3 is filed.)	Committees, enter Date of Election  2 10  4 Local Committees, enter County in Election is held  ARREA
STATEMENT OF CASH ON HAND	· · · · · · · · · · · · · · · · · · ·
cash on hand at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)	• 744.91
ADD TOTAL MONEY TAKEN IN THIS PERIOD	34411
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	266,66
Schedule F: Loans Received total (Attach Schedule F)	
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	
(Schedule H applies to Candidates' Committees Only)	
SUBTRACT TOTAL MONTH COTTAL	\$
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	
Schedule F: Loan Repayments total (Attach Schedule F)	
CASH ON HAND at the end of this reporting period (if final report balance must be zero)	
**UNPAID BILLS (From Schedule D - Attach Schedule D)	4,803.07
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	<b></b>
CONSULTANT BREAKDOWN (Schedule G Attached?)	
CANDIDATE COMMITTEES ONLY:	YES NO
VALUE OF CAMPAIGN PROPERTY (From Schedule H. Attach Schedule II)	N 10 10 10 10 10 10 10 10 10 10 10 10 10
STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.	

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## CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

GRACE FOR SUPER VISOR

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
	CK THIS BOX IF NDING FORM

Reset Form

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOI FUND- RAISEF INCOME
10/19/10	ID# CK#	NORMAN FLEAGLE 17051, HWY 65 INDIANOLA, TA 50125		\$ 100.00	
10/25/10	ID# CK#	WARREN COUNTY DEMOCRATS P.O. BOX 477 INDIANOLA, IA 50125		166.66	
	ID#	TH SOLES			
	CK#			× 1	
	ID#				
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	CK#	w , ,			
	ID#				
	CK#				
	ID#				
	CK#			,	
			SUB-TOTAL	2// 11	

TOTAL (if last page of this schedule)

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) . If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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(for Schedule A)

COMMITTEE NAME (Must be same as on Statement of Organization)

GRACE FOR SUPER VISOR

NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.

Reset Form

SCHEDULE D (Rev. 08/98)	INCURRED INDEBTEDNESS
12-72-4-12	CK THIS BOX MENDING M

# DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD (DO NOT INCLUDE LOANS -- SHOW LOANS ON SCHEDULE F)

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period., regardless of whether an invoice has been received.

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
10/15	MARVIN W. GRACE 830 MARKET ST. CARLISLE, FA 50047	WIRES POR YARD SIGNS	36.70
10/21	MARVIN W. GRACIZ B30 MARIKET ST. CARLISCE, FA 50047	NEWS PAPER ADS	25,50
10/21	MARVIN W. GRACE 830 MARKET ST. CARLISLE, FA 50047	THANK YOU NOTICE AD	3,50
10/25	MARUIN W. GRACE 830 MARKET ST CARLISLE, TA 50047	STAMPS	56.00
10/25	MARVIN W. GRACE 830 MARKET ST CARLISLE, FA 50047	POSTCARDS	91.97
10/26	MARUIN WIGRACE 830 MARKET ST CARLISLE, IA 50047	STAMPS	84,00
10/30	MARUIN W. GRACE 830 MARKET ST. CARLISLE, IA 50047	POST CARAS STAMPS	150,00
		SUB-TOTAL	\$
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$

\*If actual figure is unknown, show "estimated" beside the figure.

#### CANDIDATE COMMITTEES NOTE:

\*Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

FOR INSTRUCTIONS, SEE BACK OF F	FORM
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OR INSTRUC	TIONS, SEE BACK OF FORM				
COMMITTE	E NAME (Must be same as on Statement of Organization)  ACZ FOR SUPERUISOR		D INCU ev. 08/98) INDEBT		
NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.  Reset Form			IF AMENDING FORM		
(DO NOT	BLIGATIONS REMAINING THIS REPORTING PERIO NCLUDE LOANS SHOW LOANS ON SCHEDULE	D goo rece end rega	"incurred debt" is a cods or services order elived, but not paid for a for the reporting peri ardless of whether an been received.	ed or or by the od.,	
DATE INCURRED MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OV CLOSE ( REPORTI PERIOD	OF NG	
1/12	MARUIN W. GRACE 830 MARKET ST. CARLISLE, FA 50047	THANK YOU NOTICE AD	3,5	0	

SUB-TOTAL

TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD

\*If actual figure is unknown, show "estimated" beside the figure.

Page (for Schedule D)

#### CANDIDATE COMMITTEES NOTE:

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